

## TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and \*Privacy  
Statement On Reverse Side

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

CLAIMANT'S NAME Alan Trounson			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT			
POSITION President		CB/ID No.		DIVISION or BUREAU			INDEX NUMBER		
RESIDENCE ADDRESS *				HEADQUARTERS ADDRESS 210 King Street			TELEPHONE NUMBER (415) 396-9105		
CITY		STATE		ZIP CODE		CITY		STATE ZIP CODE	
[REDACTED]		[REDACTED]		[REDACTED]		San Francisco,		CA 94107	

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
May 11				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
(2) DATE	TIME													
12	11:00	Dallas, TX			45.05			32.00	T				77.05	
13		Dallas, TX			10.26								10.26	
14	16:40	Dallas, TX/San Francisco			16.96			56.00	BT				72.96	
													0.00	
													0.00	
													0.00	
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													0.00	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS			0.00	0.00	72.27	0.00	0.00	88.00		0.00	0	0.00	160.27	
COLUMN CODE (ACCTG. USE ONLY)														

## CLAIM TOTAL

160.27

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

May 12-14, 2011 - Travel from Brazil to Texas to San Francisco to speak at Council of Physicians and Scientists about CIRM

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.51

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

6/24/11

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

22 June 2011

DATE

and TITLE (See Item 17 on reverse)